DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200208150-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
Methods For Applying Electrodes Or Electrolytes To A Substrate						
the specification of wh	ich is attached hereto unless th	e following box is ch	ecked:			
·	as US Applic	-				
	and was amende					
including the claims, a	ave reviewed and understood s amended by any amendmen which is material to patentabili	t(s) referred to abov	above-identified specification, e. I acknowledge the duty to FR 1.56.			
Foreign Application(s) and/or	Claim of Foreign Priority					
inventor(s) certificate listed l		ny foreign application for	any foreign application(s) for patent or patent or inventor(s) certificate having			
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119			
			YES: NO:			
			YES: NO:			
Provisional Application	· ···					
I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:						
	APPLICATION NUMBER	FILING DATE	_			
:						
U. S. Priority Claim	,					
insofar as the subject matter manner provided by the first information as defined in Titl	r of each of the claims of this applicat t paragraph of Title 35, United States	tion is not disclosed in the Code Section 112, I ackr ction 1.56(a) which occur	States application(s) listed below and, e prior United States application in the nowledge the duty to disclose material red between the filing date of the prior			
APPLICATION NUMBER	FILING DATE	STATUS (patented/pending/abandoned)				
POWER OF ATTORNEY:						
As a named inventor, I her	eby appoint the following attorney(s) rademark Office connected therewith:	and/or agent(s) to prose	ecute this application and transact all			
Customer	Number 022879	Place Customer Number Bar Code	7			
- Customor		Label here	_			
Send Correspondence to	:	Direct Telephor	ne Calls To:			
HEWLETT-PACKARD CO		Timothy F. My	are			
P.O. Box 272400	mustration	·	·			
Fort Collins, Colorado 8	0527-2400	541 715 4197				
made on information a with the knowledge imprisonment, or both	and belief are believed to be that willful false statements	true; and further tha and the like so ma 18 of the United Sta	are true and that all statements these statements were made de are punishable by fine or ates Code and that such willfulnt issued thereon.			
Full Name of Inventor: Neal W. Mey r Citizenship: US						
Residence: 6275 NW P nderosa C rvallis, OR 97330						
Post Office Address: Same as resid nce						
Inventor's Signature		_ 6/13	3/23			
mrontor a arginatura	· ·	Date /				

Rev 05/03 (DecPwr)

(Use Page Two For Additional Inventor(s) Signature(s))

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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 200208150-1

Full Name of # 2 joint inventor:	Pet r Mardilovich		Citizenship: BY		
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Post Office Address:	Same as Resid nce				
12 Mar	ally-		116/03		
Inventor's Signature		Date			
Full Name of # 3 joint inventor:			Citizenship: US		
Residence:	2274 NW Woodcrest Dr. Albany, OR 97321 Same as Residence				
Post Office Address:	Same as nesidence		.7102		
Inventor's Signature	floria	Date	17103		
Full Name of # 4 joint inventor:	•		Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		Date			
Full Name of # 5 joint inventor	:		Citizenship:		
Residence:		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Post Office Address:					
Inventor's Signature		Date			
•		Date			
Full Name of # 6 joint inventor			Citizenship:		
Residence:	·		o.azonom <u>p.</u>		
Post Office Address:					
Fost Office Address.					
Inventor's Signature		Date			
Full Name of # 7 joint inventor	r:		Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature					
inventor a dignature		Date	•		
Cull Name of # O take to	_)		
Full Name of # 8 joint inventor	r:		Citizenship:		
Residence:					
Post Office Address:		<u>-</u>			
Inventor's Signature		Date			